| Revision: HCFA-I | PM-91-4         | (BPD)        |  | OMB No.: 0938-   |
|------------------|-----------------|--------------|--|--|
|                  | State/Territory | :            | Texas  | <u>.</u>   |
| Citation         | 4.18(c) (       | Continued)   |  |  |
|                  |                 | dedu<br>impo | ss a waiver under 42 CFR 431.55(g) ap<br>ctible, coinsurance, copayment, or simi<br>sed on services that are not excluded fr<br>r item (b)(2) above. | lar charges are  |
|                  |                 |              | Not applicable. No such charges are  | imposed.   |
|                  |                 | (i)          | For any service, no more than one typimposed.  | oe of charge is  |
|                  |                 | (ii)         | Charges apply to services furnished to group:  | o the following age  |
|                  |                 |              | ☐ 18 or older  |  |
|                  |                 |              | ∑ 19 or older  |  |
|                  |                 |              | 20 or older  |  |
|                  |                 |              | 21 or older  |  |
|                  |                 |              | Reasonable categories of individuals age or older, but under 21, to whom olisted below, if applicable:   |  |
|                  |                 |              |  |  |
|                  |                 |              |  |  |
|                  |                 |              |  |  |
|                  |                 |              |  |  |
|                  |                 |              |  |  |
|                  |                 | e.           | STATE Tex. 0.5  DATE REC'D 10-1-1  DATE APPLY 0 12-13  |  |
|                  | _               |              | DATE EFF 12-1-   | 02   |
| SUPERSEDES:      | IN- 91-3        | 34           | HCFA 179 02-/3   | Composition of the composition o |
| A 4              | 1-4             |              |  |  |
| TN No 02 -       | <i>15</i>       |              |  |  |

Supersedes TN No. 9/-34 Approval Date 12-13-03 Effective Date 12-1-03

HCFA ID: 7982E

Attachment 4.18-A

|  |                 |                     | passes the second of the secon |
|--|-----------------|---------------------|--|
| STATE P  | LAN UNDER TITLE | XIX OF THE SOC      | STATE TEXOS  LIAL SECURITY ACTO 10-1-02  |
| A. The following charges are impos   | State:          | Texas               | DATE APPV'D 12-13-02  DATE EFF 12-1-02  HCFA 179 03-15   |
|  |                 |                     |  |
| Emergency Department Services – non-emergency services  While payments for non-emergency services in an emergency room are not available, the average payment per outpatient service is about \$237. |                 | х                   | Adult TANF and adult Aged Blind and Disabled recipients pay a \$3.00 copay for non-emergency services provided in an emergency services department. The definition of "emergency service" is consistent with "prudent lay person" requirements. (42 C.F.R.§438.114(a)) Hospitals are responsible for collecting copayments from fee for service recipients and managed care enrollees.   |
| Pharmacy services – Generic medications – In October 2002, the average amount paid for a generic prescription was \$17.70  |                 | x                   | Adult TANF and ABD recipients pay \$.50 for each generic prescription.   |
| Brand name medications – In October 2002, the average amount paid for a brand name prescription was \$87.74  |                 |                     | Adult TANF and ABD recipients pay \$3.00 for each brand name prescription.   |
| TN No. <u>02 -/5</u><br>Supersedes TN No. <u>92 - 4-3</u>  | Approval 1      | Date <u>/2-/3-0</u> | Effective Date 12-1-02   |

SUPERSEDES: TN- 92 - 43

Attachment 4.18-A Page 2

OMB NO.: 0938-0193

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

|      | State: Texas .   |
|------|--|
| B.   | The method used to collect cost sharing charges for categorically needy individuals:   |
|      | Providers are responsible for collecting the cost sharing charges from individuals.  |
|      | The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.  |
| C.   | The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:     |
|      | The recipient must declare his inability to meet the copay at the point of service. Providers must accept the recipient's declaration of inability to pay for the service. |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      | STATE TEXAS  DATE REC'D 10-1-03  |
| JPER | DATE APPV'D 12-13-02 A  DATE EFF 13-1-03  HCFA 179 02-15   |
|      | ·  |
| TN   | I. No <i>O2 -15</i>  |
| Suj  | persedes TN No. 85-07 Approval Date 12-13-02 Effective Date 12-1-02  |

HCFA ID: 0053C/0061E

Attachment 4.18-A Page 3 OMB NO.: 0938-0193

| STATE PLAN UNDER | TITLE XIX OF | THE SOCIAL | SECURITY A | $\mathbf{CT}$ |
|------------------|--------------|------------|------------|---------------|
|                  |              |            |            | ~             |

|     | :  | State:   | Texas  | <del>-</del>   |    |
|-----|--|--|--|--|----|
| D.  | _  | for implementing and en<br>CFR 447.53(b) are descr   | _  | he exclusions from cost sharing ow:  |    |
|     | recipients. The e  | eligibility information sy   | stem and   | and older) TANF and ABD d pharmacy information system are s listed in 42 CFR 447.53(b) are not   |    |
| E.  | Cumulative max   | imums on charges:  | They delicate the effect of the second of th | STATE Texas  DATE REC'D 10-1-02  DATE APPV'D 12-13-62  DATE EFF 12-1-03  HCFA 179 02-15  | A  |
|     | State policy   | does not provide for cun   | nulative   | maximums.  |    |
|     | ☐ Cumulative   | maximums have been es  | tablished  | d as described below:  |    |
|     | Medicaid, the Recipients as monthly may the maximum Providers ma | ere is a cap on copayment<br>re responsible for keeping<br>kimum, the recipient must<br>an and are exempt from no<br>ay require that recipients<br>mum. Recipients are edu | nts of \$8<br>g their c<br>st inform<br>naking a<br>verify th  | e first month of enrollment in for any single calendar month. opay receipts. Upon reaching the a the provider that they have reached ditional copayments for the month that they have reached the \$8 month retain their receipts as | 1. |
|     |  |  | SU   | PERSEDES: TN- 85-07  |    |
| TN  | . No. 02-15  |  | <del> </del>   |  |    |
| Suţ | persedes TN No. 8  | 5-07 Approval I  | Date / 2 - /   | 13-02 Effective Date 12-1-02   |    |
|     |  |  |  |  |    |

HCFA ID: 0053C/0061E

Revision: HCFA-PM-85-14 (BERC)

September 1985

Attachment 4.18-C

Page 1 OMB NO.: 0938-0193 STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT TEXAS

|  | State:                             | Tex | as     | DATE APPLYO 12 -13-02  |
|--|------------------------------------|-----|--------|--|
| A. The following charges are impo  | DATE EFF 12-1-02<br>HCFA 179 02-15 |     |        |  |
|  |                                    |     |        |  |
| Emergency Department Services – non-emergency services  While payments for non-emergency services in an emergency room are not available, the average payment per outpatient service is about \$237. |                                    |     | х      | Adult caretakers of children in the Medically Needy Program pay a \$3.00 copay for non-emergency services provided in an emergency services department. The definition of "emergency service" is consistent with "prudent lay person" requirements. 42 C.F.R. §438.114(a). Hospitals are responsible for collecting copayments from fee for service recipients and managed care enrollees. |
| Pharmacy services – Generic medications – In October 2002, the average amount paid for a generic prescription was \$17.70  |                                    |     | x<br>x | Adult caretakers of children in the Medically Needy Program pay \$.50 for each generic prescription.   |
| Brand name medications – In October 2002, the average amount paid for a brand name prescription was \$87.74  |                                    |     |        | Adult caretakers of children in the Medically<br>Needy Program pay \$3.00 for each brand name<br>prescription.   |

TN No. <u>02-15</u>

Supersedes TN No. 85-07

Approval Date 12-13-02

Effective Date 12-1-02

Attachment 4.18-C

Page 2 OMB NO.: 0938-0193

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

|         | State:                            | Texas .  |
|---------|-----------------------------------|--|
| B.      | The method used to collect cost s | sharing charges for medically needy individuals:   |
|         | Providers are responsible for     | collecting the cost sharing charges from individuals.  |
|         | The agency reimburses provi       | ders the full Medicaid rate for services and collects individuals.   |
| C.      |                                   | er an individual is unable to pay the charge, and the ual is identified to providers, is described below:  |
|         | -                                 | ability to meet the copay at the point of service. ent's declaration of inability to pay for the service.  |
|         |                                   |  |
|         |                                   |  |
|         |                                   |  |
|         |                                   |  |
|         |                                   |  |
|         |                                   | geleteracenteteraterioris (1904 et 17 Anther handskatteri attavitari tariaturu virinaturu virinatur |
|         |                                   | STATE TOXOS  DATE REC'D 10-1-02  DATE APPLYO 12-13-02  |
| SUPERSI | EDES: TN- <u>85-07</u>            | DATE EFF 12-1-02<br>HCFA 179 62-15   |
|         |                                   |  |
|         | N. No. <u>02-15</u>               |  |
| Su      | persedes TN No. 85-07 Ap          | proval Date 12-13-02 Effective Date 12-1-02  |

HCFA ID: 0053C/0061E

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Page 3 OMB NO.: 0938-0193

| STATE PLAN UNDER | TITLE XIX ( | OF THE SOCIAL | SECURITY ACT |
|------------------|-------------|---------------|--------------|
|                  |             |               |              |

|    | State: Texas .   |
|----|--|
| D. | The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:  |
|    | The copay provisions under this amendment apply to the adult (age 19 and older) caretakers of children in the Medically Needy Program. The eligibility information system and pharmacy information system are used to identify the copay population. Recipients listed in 42 CFR 447.53(b) are not identified in the system as eligible for the copay.   |
|    |  |
|    | STATE Texas  DATE REC'O 10-1-02  DATE APPLID 12-13-03  A  DATE EFF 12-1-02  HCFA 179 02-15   |
| E. | Cumulative maximums on charges:  |
|    | State policy does not provide for cumulative maximums.   |
|    | Cumulative maximums have been established as described below:  |
|    | Recipients are notified that beginning with the first month of enrollment in Medicaid, there is a cap on copayments of \$8 for any single calendar month. Recipients are responsible for keeping their copay receipts. Upon reaching the monthly maximum, the recipient must inform the provider that they have reached the maximum and are exempt from making further copayments for the month. Providers may require that recipients verify that they have reached the \$8 monthly copay maximum. Recipients are educated to retain their receipts as documentation. |
|    | SUPERSEDES: TN- 85-07  |
| TN | . No02-15  |
|    | persedes TN No. 85-07 Approval Date 12-13-02 Effective Date 12-1-02  |

|                         | Five Year Summary of Fiscal Implications |               |                |                |   |                |  |  |  |
|-------------------------|--|---------------|----------------|----------------|---|----------------|--|--|--|
| Bill #                  | ``                                       | FY03          | FY04           | FY05           | FY06                                    | FY07           |  |  |  |
| Expenses                |  |               |                |                |   |                |  |  |  |
|                         |  |               |                | <del></del>    | , |                |  |  |  |
| Position Title/Salary   | Number of                                |               |                |                |   |                |  |  |  |
| Group                   | Positions                                |               |                |                |   |                |  |  |  |
|                         |  |               |                |                |   |                |  |  |  |
|                         |  |               |                |                |   |                |  |  |  |
| Subtotal, Salaries      |  | \$0           | \$0            | \$0            | \$0                                     | \$0            |  |  |  |
| FTE Total               |  |               |                |                |   |                |  |  |  |
| Client redirection ER ( | 1%)                                      | (472,222)     | (500,000)      | (500,000)      | (500,000)                               | (500,000)      |  |  |  |
| Pharmacy payment re     |  | (2,758,007)   | (11,059,175)   | (11,083,810)   | (11,083,810)                            | (11,083,810)   |  |  |  |
| Pharmacy drug redire    | ction (1%)                               | (3,199,691)   | (4,521,865)    | (4,526,580)    | (4,526,580)                             | (4,526,580)    |  |  |  |
| Administrative          |  | 68,200        | 11,000         | 11,000         | 11,000                                  | 11,000         |  |  |  |
| Subtotal, Agency        |  |               |                |                |   |                |  |  |  |
| Cost                    |  | (\$6,361,720) | (\$16,070,040) | (\$16,099,390) | (\$16,099,390)                          | (\$16,099,390) |  |  |  |
| Employee Benefits       |  | 0             | 0              | 0              | 0                                       | 0              |  |  |  |
| Total, Bill Savings     |  | (\$6,361,720) | (\$16,070,040) | (\$16,099,390) | (\$16,099,390)                          | (\$16,099,390) |  |  |  |
| Method of Finance       | <u></u>                                  |               |                |                |   |                |  |  |  |
| General Revenue         |  |               |                |                |   |                |  |  |  |
| GR Match for            |  | 7 7           |                |                |   |                |  |  |  |
| Medicaid                |  | (2,537,225)   | (6,441,389)    | (6,475,710)    | (6,477,321)                             | (6,477,321)    |  |  |  |
| Federal Funds 555       |  | (3,824,495)   | (9,628,651)    | (9,623,680)    | (9,622,069)                             | (9,622,069)    |  |  |  |
| Other Funds             |  | (=,==,,100)   | (=,===,==,/)   |                | (=,==,=30)                              | X=, ===,==0    |  |  |  |
| (specify)               |  |               |                |                |   |                |  |  |  |
| Other Funds             |  |               |                |                |   |                |  |  |  |
| (specify)               |  |               |                |                |   |                |  |  |  |
| Total, MOF              |  | (\$6,361,720) | (\$16,070,040) | (\$16,099,390) | (\$16,099,390)                          | (\$16,099,390  |  |  |  |

Balance Check

Summary of Fiscal Implications

| Fiscal<br>Year | Cost | bable<br>to Fund<br>001 | Probable<br>Savings to<br>Federal Funds |             | Probable<br>Savings to<br>Fund 001 |             | Probable<br>Revenue<br>Gain/Loss to<br>Fund ### | Change in<br>FTEs |
|----------------|------|-------------------------|---|-------------|------------------------------------|-------------|---|-------------------|
| 2003           | \$   | -                       | \$                                      | (3,824,495) | \$                                 | (2,537,225) |   | -                 |
| 2004           | \$   | -                       | \$                                      | (9,628,651) | \$                                 | (6,441,389) |   | -                 |
| 2005           | \$   | -                       | \$                                      | (9,623,680) | \$                                 | (6,475,710) |   | -                 |
| 2006           | \$   | -                       | \$                                      | (9,622,069) | \$                                 | (6,477,321) |   | -                 |
| 2007           | \$   | -                       | \$                                      | (9,622,069) | \$                                 | (6,477,321) |   | -                 |